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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Outdoor Ministry, Inc		
N05000011030 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matt	er to the following:		
	James Fox		
	(Name of Contact Per	rson)	
Born A	gain Indoor/Outdoor M	Ainistry, Inc	
	(Firm/ Company))	
	2920 Crutchfield Rd		
	(Address)		
	Lakeland, FL 3381	5	
' '''	(City/ State and Zip C	Code)	
E-mail address: (to be used	d for future annual repo	ort notification)
For further information concerning this matter, please	e call:		
James Fox	at	863	606-1118
(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page 2000 and 2000 are the following amount made page 2000 are the following amount made 2000 are the following amount made 2000 are the following amount made 2000 are the following are the following amount made 2000 are the following	ayable to the Florida D	epartment of !	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cenif Certif	icate of Status led Copy Lional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clit	eet Address endment Secti ision of Corpe ion Building 1 Executive C	orations

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Born Again Indoor/Outdoor Ministries, Inc

(Name of Corporation	i as curre	ently filed v	vith the Fl	orida Dept. of	State)		
N05000011030							
(Dоси	nent Num	nber of Corp	oration (if	known)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	ites, this <i>Flo</i>	orida Not I	For Profit Corp	<i>oration</i> ado	pts the	following
A. If amending name, enter the new name of the	e corpor <u>a</u>	ation:					
NA							The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ration" or "	incorporat	ed" or the abhi	eviation "C	.orp." c	or "Inc."
B. Enter new principal office address, if applica	thle:	NA					
(Principal office address MUST BE A STREET A		<u>s</u>)					
							_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2920 Cr	utchfield R	đ			
		Lakelan	d, FL 3381	5			
D. If an adjust the resistant description and for resistant		Can wilden	o in Plania		E	رة الان	
 If amending the registered agent and/or reginew registered agent and/or the new register 			s in Fioria	a, enter the na	me or the	(C)	·
Name of New Registered Agent:	James F	ox			1	ا ري	•
	2920 Cr	rutchfield R	d		Ţ.		<u>'!</u>
				Florida street addi	ress)		
New Registered Office Address:					· •		
	Lakelan	<u> </u>			Florida _		
		(City)			(Zip Co	ide)	
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered ager			h and acce	ot the obligation	ns of the po.	sition.	
_	Q.	1	192	- 2 out	ن		
		Signature o	f New Reg	istered Ager t , ij	f changing		-

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	James Thompson	619 N Ohio Ave
Add			Lakeland, FI 33815
X Remove			
2) Change	T	Vern Thompson	619 N Ohio Ave
Add			Lakeland, FL
X Remove			
3) Change	P	James Fox	2920 Crutchfield Rd
X Add			Lakeland, FL 33805
Remove			
4)Change	T	Lola Rogers	225 Swannanoa St
X Add			Lakeland, FL 33805
Remove			
5) Change			
Add			
Remove			
0 (1)			
6) Change			
Add			
Remove			

E. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)	·		
NA		<u></u>		
-	_			
			-	
				_
3				
				. —
				·

•	11/9/2020	
The date of each amendment(s) ac	loption;	, if other than the
date this document was signed.	/2020	
Effective date if applicable:	72020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date w partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated		
Signature	Mostor	
have not be	rman or vice chairman of the board president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	;
James F	ox	
	(Typed or printed name of person signing)	
Presider	Scalma 7cy	
	(Title of person signing)	